

Regional Support Team Referral Form
Community Resource Consultant

Region: 1	Date of request: 4/10/13	Individual's unique ID: 47897
Submitted by: John Simpson	Agency: ABC	Phone: 540-598-9978
Notification and Choice		
Notification form completed and on file?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Types of residential options discussed (check all that apply):	<input checked="" type="checkbox"/> Own Home <input checked="" type="checkbox"/> Leased Apartment <input checked="" type="checkbox"/> Family Home <input type="checkbox"/> Sponsored Home <input type="checkbox"/> Group Home (4 or fewer) <input type="checkbox"/> Group Home (5 or more) <input type="checkbox"/> ICF <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Training Center <input type="checkbox"/> Other: _____	
Individual/family selected residential option:	Family Home	
Types of employment/day options discussed (check all that apply):	<input checked="" type="checkbox"/> Self Employment <input checked="" type="checkbox"/> Individual Supported Employment <input checked="" type="checkbox"/> Group Supported Employment <input checked="" type="checkbox"/> Career Training/Education <input checked="" type="checkbox"/> Prevocational Services <input checked="" type="checkbox"/> Day Support <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Retirement <input type="checkbox"/> Other: _____	
Individual/family selected day services option:	Individual Supported Employment	
Chance to talk with other individuals with ID/DD who live and work successfully in the community or with their family members provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List any desired options that are unavailable:	N/A	
Describe any additional information provided by the individual/family regarding this referral:	Family states that they prefer John to live at home, but their own medical issues combined with behavioral concerns have been overwhelming and they are uncertain how to make this possible.	
Referral reason (check only one)		
<input checked="" type="checkbox"/>	a. Difficulty finding services and supports in the community within 3 months of receiving a slot.	a. Describe gaps/barriers and what has been tried and learned? Individual has lived with family since he was a child. His parents now express the inability to support him due to their age and multiple medical concerns. Since receiving a DD Waiver slot, the family has talked with seven different providers, but due to a recent history of property damage, no providers have expressed interest in supporting him. Referral necessary to explore residential options and hopefully locate a provider with the ability to support his complex behavioral needs. He is interested in working and he has chosen to pursue supported employment with ABC Employment, Inc. as soon as his residential concerns are resolved.
<input type="checkbox"/>	b. Recommended to move to a group home of five or more individuals.	b. Describe the reason(s) for selecting setting and whether the choice of less restrictive settings have been offered:
<input type="checkbox"/>	c. Recommended to move into a nursing home or ICF.	c. Describe the reason(s) for selecting and whether the choice of less restrictive settings have been offered:

<input type="checkbox"/>	d. Pattern of repeatedly being removed from home	d. Describe the reason(s) for being removed from home and what has been tried:
<input type="checkbox"/>	e. Other reason	e. Describe assistance needed/barriers, reason for referral or additional comments:

Living Situation and Supports

Current living situation:	<input type="checkbox"/> Own home <input checked="" type="checkbox"/> With family <input type="checkbox"/> Sponsored home <input type="checkbox"/> Group home (4 or fewer) <input type="checkbox"/> Group home (5 or greater) <input type="checkbox"/> ICF <input type="checkbox"/> Nursing facility <input type="checkbox"/> Other:						
Describe the individual's good life	Individual's family states that a good life for their son would include being happy and safe with caring supporters who understand his communication style and specific support needs and preferences. He would be involved in his community and have a job doing something that uses his talents and earns him money at the same time. He would stay connected with his family and have plenty of opportunities to meet new people and make friends. He has a particular gift with animals and would be able to spend time raising a pet.						
Supports	Receiving	Planned	Needed		Receiving	Planned	Needed
Waiver: DD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment/Day services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Experience with Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing (RN/LPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Supports (PBS/ABA)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Consult other: PBS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric/MH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CRC recommendations: CRC has provided several options and a listing of providers, as well as the names of Postitive Behavioral Support Facilitators available through the waiver. Area options have been exhausted and the family has been uninterested in locating services too far from home.

RST referral needed? ☒ yes ☐ no; If yes, date of RST meeting: 5/5/13

RST Recommendations:

#	Action	Responsible Person	Complete by date
1	Offer in-home services in consult with a PBS Facilitator.	Case Manager	5/15/13
2	Ensure that a PBS plan is developed and suitable to the individual's support needs.	PBS Facilitator	6/1/13
3	Approach local providers of residential services with individual/family consent once the PBS plan is developed and available to new providers. Update plan in consult with the PBS Facilitator as move to new location is planned.	Case Manager, PBS Facilitator, individual/family and selected provider	6/1/13

Resolution

Individual chose a PBS provider and received in-home services for 2 months, which provided the individual and family with the needed support at home. He is now receiving SE services as well. The success of the arrangement has resulted in the family continuing to live together.

Provided by: Eric Williams, CRC Date: 6/15/13